

<i>SERFF Tracking Number:</i>	<i>NDPL-126006309</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aviva Life and Annuity Company</i>	<i>State Tracking Number:</i>	<i>41518</i>
<i>Company Tracking Number:</i>	<i>11805 10/08 ET AL</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>11805 10/08 et al</i>		
<i>Project Name/Number:</i>	<i>11805 10/08/11805 10/08</i>		

## Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: 11805 10/08 et al

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NDPL-126006309 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41518

Co Tr Num: 11805 10/08 ET AL

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Allison Roush, Jason

Disposition Date: 02/12/2009

Kaster, Brenda Worman

Date Submitted: 02/06/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 11805 10/08

Project Number: 11805 10/08

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/12/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/02/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/12/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Submitted for your review and approval are the underwriting questionnaires listed below. These forms may be added to any current or future individual life contract where it is determined that additional information is needed.

The forms have been revised to consolidate previous state differences and provide uniformity where possible.

The questionnaires are written in simplified and readable language and do not contain any unusual or possibly

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controversial items from normal company or industry standards.

These questionnaires will replace previously approved questionnaires as noted below. The replaced questionnaires were previously approved by your department on June 24, 2005.

New Form-----	Replaced Form
11805 10/08 Military Questionnaire-----	11805 7/05 Military Questionnaire
11806 10/08 Tobacco Questionnaire-----	11806 7/05 Tobacco Questionnaire
11807 10/08 Drug Questionnaire-----	11807 7/05 Drug Questionnaire
11808 10/08 Alcohol Use Questionnaire-----	11808 7/05 Alcohol Use Questionnaire
15001 10/08 Avocation Questionnaire-----	15001 7/05 Avocation Questionnaire
15134 10/08 Foreign Travel and Residence Questionnaire-----	15134 7/05 Foreign Travel and Residence Questionnaire
15135 10/08 Aviation Questionnaire-----	15135 7/05 Aviation Questionnaire

These forms have been produced from our Automated Policy Assembly Laser system and are in final print.

Your continued consideration of this filing is greatly appreciated. You may direct any questions or comments to me at (800) 457-3557 ext. 3271, or e-mail me at Jason.kaster@avivausa.com

## Company and Contact

### Filing Contact Information

Jason Kaster, Senior Product Compliance Analyst	jason.kaster@avivausa.com
Aviva Life and Annuity Company	(515) 283-3271 [Phone]
Des Moines, IA 50309	

### Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
611 Fifth Avenue	Group Code: 1225	Company Type:
Des Moines, IA 50309	Group Name:	State ID Number:
(317) 927-6749 ext. [Phone]	FEIN Number: 42-0175020	
	-----	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$140.00
Retaliatory?	No
Fee Explanation:	7 forms x \$20 = \$140.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aviva Life and Annuity Company	\$140.00	02/06/2009	25553079

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	02/12/2009	02/12/2009

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## Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name:	11805 10/08 et al		
Project Name/Number:	11805 10/08/11805 10/08		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Military Questionnaire		Yes
Form	Tobacco Questionnaire		Yes
Form	Drug Questionnaire		Yes
Form	Alcohol Use Questionnaire		Yes
Form	Avocation Questionnaire		Yes
Form	Foreign Travel and Residence Questionnaire		Yes
Form	Aviation Questionnaire		Yes

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## Form Schedule

**Lead Form Number:** 11805 10/08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	11805 10/08	Application/ Military Enrollment Questionnaire Form	Revised	Replaced Form #: 11805 7/05 Previous Filing #:	56	11805 1008.pdf
	11806 10/08	Application/ Tobacco Enrollment Questionnaire Form	Revised	Replaced Form #: 11806 7/05 Previous Filing #:	68	11806 1008.pdf
	11807 10/08	Application/ Drug Questionnaire Enrollment Form	Revised	Replaced Form #: 11807 7/05 Previous Filing #:	53	11807 1008.pdf
	11808 10/08	Application/ Alcohol Use Enrollment Questionnaire Form	Revised	Replaced Form #: 11808 7/05 Previous Filing #:	58	11808 1008.pdf
	15001 10/08	Application/ Avocation Enrollment Questionnaire Form	Revised	Replaced Form #: 15001 7/05 Previous Filing #:	63	15001 1008.pdf
	15134 10/08	Application/ Foreign Travel and Enrollment Residence Questionnaire Form	Revised	Replaced Form #: 15134 7/05 Previous Filing #:	52	15134 1008.pdf
	15135 10/08	Application/ Aviation Enrollment Questionnaire Form	Revised	Replaced Form #: 15135 7/05 Previous Filing #:	51	15135 1008.pdf



Aviva Life and Annuity Company  
[ P.O. Box 1555 ]  
[ Des Moines, IA 50306-1555 ]

# Military Questionnaire

Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

**1. (a) If you are a member of the Air Force, Army, Coast Guard, Marine Corps or Navy, complete the following:**

Branch of Service \_\_\_\_\_

Branch or Specialty Within Above \_\_\_\_\_ Rank or Grade \_\_\_\_\_

Primary Job Title \_\_\_\_\_

Type of Unit: ☐ Regular ☐ Reserve ☐ ROTC ☐ Nat'l Guard ☐ Other: \_\_\_\_\_

**(b) If you are now on active duty complete the following:**

(i) Dates: from \_\_\_\_\_ to \_\_\_\_\_

(ii) Do you receive hazardous duty pay or are you a member of any special forces group? ..... ☐ Yes ☐ No

(If Yes, give details as to duty) \_\_\_\_\_

(iii) Are you or do you expect to be assigned for duty outside the USA? ..... ☐ Yes ☐ No

(If Yes, when? \_\_\_\_\_ where? \_\_\_\_\_)

(c) Do you intend to make the service your career? ..... ☐ Yes ☐ No

(d) Do your duties or assignments involve any aviation activities or are any contemplated? ..... ☐ Yes ☐ No

(If Yes, complete Aviation Supplement)

(e) If you are in advanced ROTC, give expected date of commissioning: \_\_\_\_\_;

and expected period of active duty: from \_\_\_\_\_ to \_\_\_\_\_

(f) If other than on active duty or in ROTC, have you requested or been alerted or called for active duty? ..... ☐ Yes ☐ No

(If Yes, give details) \_\_\_\_\_

**2. Have you any intention of joining a military organization of any other country? ..... ☐ Yes ☐ No**

(if Yes, give details) \_\_\_\_\_

**3. Have you completed your military career or obligation? ..... ☐ Yes ☐ No**

**4. Additional information, comments or explanation (Attach additional sheets of paper if necessary)**

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Producer's Name (please print) \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Producer's Telephone No. \_\_\_\_\_

Area Code \_\_\_\_\_



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**Aviva Life and Annuity Company**  
[ P.O. Box 1555 ]  
[ Des Moines, IA 50306-1555 ]

## Tobacco Questionnaire

Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Do you use any form of tobacco or nicotine based products? . . . . . ☐ Yes ☐ No

(a) If no, have you used any form of tobacco or nicotine based products in the past 5 years? . . . . . ☐ Yes ☐ No

(b) If yes, when did you last use tobacco or nicotine based products? \_\_\_\_\_

(c) Type: ☐ Cigarettes quantity\_\_\_\_\_ ☐ Patch quantity\_\_\_\_\_  
☐ Pipe quantity\_\_\_\_\_ ☐ Gum quantity\_\_\_\_\_  
☐ Chewing Tobacco quantity\_\_\_\_\_ ☐ Other Nicotine based product quantity\_\_\_\_\_  
☐ Cigar quantity/mo.\_\_\_\_\_

2. Additional information, comments or explanation (Attach additional sheets of paper if necessary)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

\_\_\_\_\_  
Date Signature of Insured

\_\_\_\_\_  
Producer's Name (please print)

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Producer's Telephone No. \_\_\_\_\_  
Area Code





**Aviva Life and Annuity Company**  
[ P.O. Box 1555 ]  
[ Des Moines, IA 50306-1555 ]

## Drug Questionnaire

Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. In the past 5 years, have you used:

	Yes	No
(a) barbiturates, sedatives or tranquilizers habitually?	<input type="checkbox"/>	<input type="checkbox"/>
(b) LSD, cocaine, marijuana, or any amphetamine?	<input type="checkbox"/>	<input type="checkbox"/>
(c) heroin, morphine, or other narcotic drug?	<input type="checkbox"/>	<input type="checkbox"/>
(d) designer drug, street drug, or other non-prescription drug not listed above?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give details:

Type	How Often Used	Dosage or Amount Used	From	Dates Used	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. (a) Has drug treatment ever been recommended by a physician or other health care provider? ☐ Yes ☐ No

(b) If treatment received, when? \_\_\_\_\_

where? \_\_\_\_\_

name \_\_\_\_\_

address \_\_\_\_\_

nature of treatment? \_\_\_\_\_

name of attending physician? \_\_\_\_\_

3. Are you now drug free? ☐ Yes ☐ No

If yes, state date of last use \_\_\_\_\_

4. Additional information, comments or explanation (Attach additional sheets of paper if necessary)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

\_\_\_\_\_  
Date Signature of Insured

\_\_\_\_\_  
Producer's Name (please print)

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Producer's Telephone No. \_\_\_\_\_  
Area Code \_\_\_\_\_





Aviva Life and Annuity Company  
[ P.O. Box 1555 ]  
[ Des Moines, IA 50306-1555 ]

## Alcohol Use Questionnaire

Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

### A. PAST USE OF ALCOHOL AND DRINKING HABIT

1. Did your use of alcohol ever cause business, family, medical or social problems?  
If Yes, please explain in F. \_\_\_\_\_ ☐ Yes ☐ No
2. Have you ever been convicted for driving while intoxicated?  
If Yes, give details and Driver License No. in F. \_\_\_\_\_ ☐ Yes ☐ No
3. How long have you used alcohol? \_\_\_\_\_ Years
4. For what period of time did you drink? From: \_\_\_\_\_ to: \_\_\_\_\_
5. What did you drink, how much and how often?  
Beer                      Liquor                      Wine  
a) Daily \_\_\_\_\_  
b) Weekly \_\_\_\_\_  
c) Monthly \_\_\_\_\_
6. Approximate date you quit drinking: \_\_\_\_\_
7. Did you use drugs along with alcohol? If Yes, give details in F. \_\_\_\_\_ ☐ Yes ☐ No

### B. IF THE AMOUNT OF ALCOHOL CONSUMED WAS CHANGED, OR IF YOU QUIT DRINKING ALCOHOL PLEASE STATE THE REASONS WHY. \_\_\_\_\_

### C. HAS TREATMENT EVER BEEN RECOMMENDED BY A PHYSICIAN OR OTHER HEALTH CARE PROVIDER? ☐ Yes ☐ No

### D. IF TREATMENT WAS RECEIVED, INDICATE:

1. When: \_\_\_\_\_
2. Where: \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_
3. Nature or Type: \_\_\_\_\_
4. Attending Physician: \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_
5. Medication(s) received: \_\_\_\_\_

### E. PRESENT USE OF ALCOHOL

1. Do you now drink any alcoholic beverage(s)? \_\_\_\_\_ ☐ Yes ☐ No
2. If "yes," Describe: (a) ☐ Beer ☐ Liquor ☐ Wine  
(b) ☐ Daily ☐ Weekly ☐ Monthly  
(c) ☐ Amount: \_\_\_\_\_

### F. ADDITIONAL INFORMATION, COMMENTS OR EXPLANATION (Attach additional sheets of paper if necessary)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Producer's Name (please print) \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Producer's Telephone No. \_\_\_\_\_  
Area Code \_\_\_\_\_





Aviva Life and Annuity Company  
[ P.O. Box 1555 ]  
[ Des Moines, IA 50306-1555 ]

## Avocation Questionnaire

Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 1. Racing, Auto, Motorcycle, Snowmobile, Motorboat

Type: ☐ Midget ☐ Stock ☐ Hot Rod ☐ Drag ☐ Sportcar ☐ Snowmobile ☐ Cycle ☐ Boat ☐ Other \_\_\_\_\_

Vehicle or boat: Make and model \_\_\_\_\_ Class & category \_\_\_\_\_

Size of Engine: \_\_\_\_\_ Horsepower \_\_\_\_\_

Timing: ☐ Vehicle vs. Vehicle ☐ Vehicle vs. Clock ☐ Maximum speed attained \_\_\_\_\_ mph

Location: ☐ Oval Track ☐ Closed Circuit ☐ Drag Strip ☐ Hill Climb ☐ Other \_\_\_\_\_

Have you ever had a racing accident? ☐ Yes ☐ No (If "yes", explain details in Remarks below)

Racing organizations affiliated with \_\_\_\_\_

Races supervised by \_\_\_\_\_

Frequency (Number of Races) Last 12 months \_\_\_\_\_ 1 to 2 years ago \_\_\_\_\_ Estimate for next 12 months \_\_\_\_\_

### 2. Underwater Sports

Type: ☐ Scuba ☐ Snorkel Purpose: ☐ Recreation ☐ Rescue ☐ Salvage

Locations: ☐ Oceans ☐ Lakes ☐ Wreckage ☐ Ice ☐ Quarries ☐ Caves ☐ Other \_\_\_\_\_

Have you received formal diving certification? ☐ Yes ☐ No (If "yes", explain details in Remarks below)

Do you use the "buddy system?" ☐ Yes ☐ No

Depth	Average Time	Number of Dives Last 12 months	Number of Dives 1 to 2 Years Ago	Number of Dives Est. Next 12 months
0-75 Ft.	_____ Mins.	_____	_____	_____
76-100 Ft.	_____ Mins.	_____	_____	_____
Over 100 Ft.	_____ Mins.	_____	_____	_____

Maximum Depth \_\_\_\_\_ Date \_\_\_\_\_

### 3. Sky Sports

Please identify which of the activities you participate in: ☐ Sky Diving ☐ Hang Gliding ☐ Ultralights ☐ Biplaning

☐ Parachuting ☐ Ballooning ☐ Other \_\_\_\_\_

If ballooning: Gas Ballooning? ☐ Yes ☐ No Hot Air Ballooning? ☐ Yes ☐ No

If sky diving: Delay jumping done? ☐ Yes ☐ No Stunt or baton passing? ☐ Yes ☐ No

Are you a member of a club? ☐ Yes ☐ No

What class of license do you hold? \_\_\_\_\_ Usual location or type of terrain \_\_\_\_\_

Have you been in an accident connected with this avocation: ☐ Yes ☐ No (If "yes", explain details in Remarks below)

Number of flights or jumps: Last 12 mos. \_\_\_\_\_ 1 to 2 Years Ago \_\_\_\_\_ Est. Next 12 mos. \_\_\_\_\_

Average height \_\_\_\_\_ Average distance \_\_\_\_\_ Average duration \_\_\_\_\_

Maximum height \_\_\_\_\_ Maximum distance \_\_\_\_\_ Maximum duration \_\_\_\_\_

### 4. Remarks or Other Avocations (rock climbing, mountain climbing, other) (Attach additional sheets of paper if necessary). (Include details regarding nature, location, frequency, and degree of participation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

Signed at \_\_\_\_\_ Date \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_  
City and State

Producer's Name (please print) \_\_\_\_\_ Producer's Signature \_\_\_\_\_



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Aviva Life and Annuity Company  
[ P.O. Box 1555 ]  
[ Des Moines, IA 50306-1555 ]

## Foreign Travel and Residence Questionnaire

Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Country of origin \_\_\_\_\_ Currently citizen of what country? \_\_\_\_\_
2. Date of entry into the United States \_\_\_\_\_ 3. Non U.S. citizens: do you have a U.S. Green Card? ☐ Yes ☐ No
4. Visa type, symbol, number and expiration date \_\_\_\_\_
5. Do you have plans to become a U.S. Citizen . . . . . ☐ Yes ☐ No
6. List immediate family members by relationship, age and citizenship:

Within the USA \_\_\_\_\_

Outside the USA \_\_\_\_\_

7. Please complete the following regarding any travel or residence outside of the USA or Canada within the last two years.

City and Country	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visit, etc.)
------------------	--------------------------	--

_____	_____	_____
_____	_____	_____

8. Please list travel or residence outside of USA and Canada planned or expected in the next 12 months.

City and Country	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visit, etc.)
------------------	--------------------------	--

_____	_____	_____
_____	_____	_____

9. List your assets/property both within and outside the USA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Additional information, comments or explanation (Attach additional sheets of paper if necessary)

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Producer's Name (please print)

\_\_\_\_\_  
Producers Signature

\_\_\_\_\_  
Producer's Telephone No. (\_\_\_\_\_) \_\_\_\_\_



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Policy \_\_\_\_\_

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Type of Flying: **Commercial** (flying for pay) ☐ Employer owned **Non-Commercial** **Military**  
☐ Scheduled Passenger Airline aircraft ☐ Pleasure ☐ Active  
☐ Scheduled Air Taxi or Commuter ☐ Student instruction ☐ Personal Business ☐ National Guard or Reserve  
☐ Non-scheduled passenger or freight ☐ Other ☐ Other ☐ Other

2. Number of hours flown (include all types and do not duplicate)

**Commercial or Military\***

**Non-Commercial**

	Year Before Last	Last Year	Estimate Next Year	Total Hours to Date	Date of Last Flight	Year Before Last	Last Year	Estimate Next Year	Total Hours to Date	Date of Last Flight
Pilot										
Crew Member										
Student Pilot										
Other										

\*If both, complete separate form to give Military hours

3. **Commercial and Non-Commercial**

(a) Type of certificate or license: ☐ Private ☐ Commercial ☐ Student

(b) What ratings do you have? ☐ IFR ☐ ATR ☐ Other \_\_\_\_\_

(c) Type of aircraft flown: \_\_\_\_\_

4. **Military** (also complete **Military Questionnaire**)

(a) Type of aircraft flown: ☐ Attack ☐ Bomber ☐ Fighter ☐ Helicopter

☐ Reconnaissance ☐ Transport ☐ Other \_\_\_\_\_

(b) Primary duties if other than flying: \_\_\_\_\_

5. Have you or do you intend to fly an experimental, personally built or assembled, or prototype aircraft or aeronautical craft? ..... ☐ Yes ☐ No

6. If you have discontinued flying in the past, do you intend to resume? ..... ☐ Yes ☐ No

7. Have you ever had your pilots license suspended or revoked or had an at fault aviation accident? ..... ☐ Yes ☐ No

8. **Details** to any Yes answer above (give question number) or **Additional Information** (Attach additional sheets of paper as necessary)

9. If standard unrestricted coverage cannot be issued and a choice is available, issue the policy with: ☐ an extra premium ☐ an exclusion rider. (Exclusion rider available only for regular aviation, not for avocational or other aeronautical activities.)

10. **Avocational and Other Aerial Activities** - Including, but not limited to ballooning, gliding (regular, hang, motorized), kiting

(a) in what activity(s) do you engage? \_\_\_\_\_

(b) Do you belong to a national organization with regulations and safety standards? ..... ☐ Yes ☐ No  
(If Yes, give name and your classification) \_\_\_\_\_

(c) Do you instruct or fly for pay or do exhibition or stunt flying? ..... ☐ Yes ☐ No

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_

Producer's Name (please print) \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Producer's Telephone No. \_\_\_\_\_



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<i>SERFF Tracking Number:</i>	<i>NDPL-126006309</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>11805 10/08 et al</i>		
<i>Project Name/Number:</i>	<i>11805 10/08/11805 10/08</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NDPL-126006309

State: Arkansas

Filing Company: Aviva Life and Annuity Company

State Tracking Number: 41518

Company Tracking Number: 11805 10/08 ET AL

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: 11805 10/08 et al

Project Name/Number: 11805 10/08/11805 10/08

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Flesch Certification

01/26/2009

### Comments:

### Attachments:

AR RDCRT - Aviva.pdf

AR Reg19.pdf

AR reg49.pdf



AR

## ARKANSAS READABILITY CERTIFICATION

This is to certify that the following forms have achieved a Flesch Reading Ease Score of as indicated below and comply with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**FORM NUMBER**

**AND NAME**

**FLESCH SCORE**

11805 10/08	Military Questionnaire	56.4
11806 10/08	Tobacco Questionnaire	68.1
11807 10/08	Drug Questionnaire	52.7
11808 10/08	Alcohol Questionnaire	58.2
15001 10/08	Avocation Questionnaire	63.4
15134 10/08	Foreign Travel and Residence Questionnaire	52.2
15135 10/08	Aviation Questionnaire	51.1

Aviva Life and Annuity Company



Chris Guttin

ASA / Vice President-Product Operations

1/14/09

Date

RD/CRT/AR

**Arkansas Certification  
Regulation 19**

**I certify that this submission meets the provisions of Regulation 19, Section 10B, as well as all applicable statutes, regulations, and bulletins of the State of Arkansas.**

**Aviva Life and Annuity Company**



**Chris Guttin, ASA  
Vice-President-Product Operations**

**1/22/09**

**Date**

**Form Numbers**

**11805 10/08**

**11806 10/08**

**11807 10/08**

**11808 10/08**

**15001 10/08**

**15134 10/08**

**15135 10/08**

**Arkansas Certification  
Regulation 49**

**We have reviewed Regulation 49 against the issue procedures of the Company and certify that we are in compliance with the requirements of Regulation 49.**

**Aviva Life and Annuity Company**



**Chris Guttin, ASA  
Vice-President-Product Operations**

**1/14/09  
Date**

**Form Numbers**

**11805 10/08  
11806 10/08  
11807 10/08  
11808 10/08  
15001 10/08  
15134 10/08  
15135 10/08**